

## DEPARTMENT OF ECONOMIC DEVELOPMENT APPLICATION FOR REQUESTING CERTIFICATE OF SMALL

BUSINESS QUALIFIED INVESTMENT OR COMMUNITY BANK TAX CREDITS (SECTIONS 135.400 TO 135.430 RSMo Supp. 1996)

COMPL	ETE 1 APPLICATION I	FOR EACH QUALIFI	ED INVEST	MENT			PRINT OR TYPE	
TAXPAYER MAKING QUALIFIED INVESTMENT	1. INDIVIDUAL'S NAME OR NAME OF BUSINESS TO RECEIVE TAX CREDIT							
	A ADDRESS (STREET AND/OR DO POY CITY STATE 7/D CODE)							
	2. ADDRESS (STREET AND/OR P.O. BOX, CITY, STATE, ZIP CODE)							
	3. INDIVIDUAL OR BUSINESS TAX YEAR							
	BEGINNING	, 19 ENDING				10		
	4. BUSINESS FEDERAL IDENTIFICATION NUMBER		SOCIAL SECURITY NUMBER			MISSOU	, 19 MISSOURI IDENTIFICATION NUMBER	
					10000			
	QUALIFIED INVESTMENT							
ĕ ⊞	5. WAS MADE TO		6. AMOUNT			7. DATE		
X I	C MICCOURT CMALL DI	HTV DANK						
± ă	☐ MISSOURI SMALL BU	NITY BANK	III DAIN					
	NOTE: If a taxpayer who is receiving tax credits is a fiduciary, partnership, sole proprietor or S Corporation, attach separate sheet to this							
	application and identify the names, social security numbers and proportionate shares of ownership of each beneficiary, partner or shareholder. Aggregate proportionate shares or percent of ownership may not exceed 100%.							
	shareholder. A	ggregate proportionate	shares or pe	ercent of owne	rship may not exce	ed 100%.		
	MISSOURI SMALL BUSINESS OR COMMUNITY BANK TO RECEIVE FUNDING:							
T CERTIFICATE	8. NAME			9. FEI			FEDERAL ID OR SOCIAL SECURITY NO.	
	10. ADDRESS							
	11. AMOUNT OF TAX CREDIT TO BE ISSUED IF TO MISSOURI SMALL BUSINESS NOT IN A DISTRESSED COMMUNITY: 40% OF THE QUALIFIED INVESTMENT B							IT NOT
	MORE THAN \$100,000 OR LESS THAN \$1,500							, 1101
ä	\$ IF TO MISSOURI SMALL BUSINESS WITHIN A DISTRESSED OF THE QUALIFIED INVESTMENT IS							
<b>K</b>	IF TO COMMUNITY BANK: 50% OF THE QUALIFIED INVESTMENT, IF THE PROJECT IS LOCATED IN AN APPROVED "TARGET AREA"  IF TO COMMUNITY BANK: 30% OF THE QUALIFIED INVESTMENT IF THE PROJECT IS NOT LOCATED IN AN APPROVED "TARGET AREA"							
TAX CREDIT	12. IDENTIFY THE TYPE OF TAX LIABILITY, EARNED CREDITS ARE TO APPLY:							
1								
	Income Tax - Cha	Franchise Tax - Chapter 147				Express Company Tax - Chapter 153		
	Financial Instituti	(Corporations Only)				☐ Chapter 375.916		
IS	ATTACHMENTS: Enclose proof of investment (i.e. copy of check, etc.), proof of deposit by small business (copy of deposit slip) and signed Exhibit B.							
HMENTS	Exhibit D.							
CH	Linder popultion of parium. I declare that I have examined this application and ettechments thereta, and to the heat of any land to the line of the li							
ATTACI	Under penalties of perjury, I declare that I have examined this application and attachments thereto, and to the best of my knowledge and belief, they are true, correct and complete. I do hereby affix my signature on the day of							
⋖	true, correct and complete. I do hereby affix my signature on the day of, 19							
MUST E	BE SIGNED	QUALIFIED INVESTOR						
N PRE	SENCE OF NOTARY							
NOTARY P	UBLIC EMBOSSER OR	STATE OF				COUNTY (OR	CITY OF ST. LOUIS)	
BLACK INK RUBBER STAMP SEAL								
		SUBSCRIBED AND SWORN BEFORE ME. THIS						
		SSSS ASSESSMENT SERVICE AND						
			DAY OF		19	USE RUBI	BER STAMP IN CLEAR AREA BEL	OW.
		NOTARY PUBLIC SIGNATUL	RE		MY COMMISSION			
					EXPIRES			
		NOTARY PUBLIC NAME (TYPED OR PRINTED)			<u> </u>			
			NOTATE FUBLIC NAME (TIFED ON FRINTED)					
		TUDU COMPLETED CODUTO						